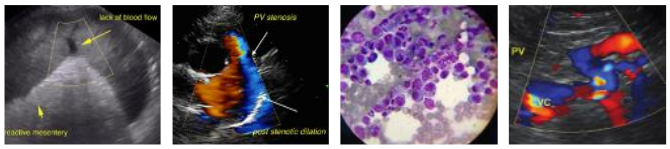
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sweet Caroline Julie St. Jean

SPECIES

Canine

BREED

Chihuahua/Dachshund

SEX

Spayed Female

AGE

10 Years

WEIGHT

12 Pounds

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Dr. Zraibi

HOSPITAL NAME

Pets R Famly AH

REFERRING VET

Dr. Zraibi

INVOICE

16762

DATE

8/6/22

PRESENTING CLINICAL SIGNS

History: Pet was diagnosed with liver disease,Pet is on hepatoprotectant,

Abnormal PE/Chem/CBC/UA Results: ALT (SGPT) 1353 Alk Phosphatase 450 GGT 30

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The right kidney is hyperechoic and exhibits moderately decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The right kidney is 4.0 cm in length.

The left kidney is hyperechoic and exhibits moderately decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 3.6 cm in length.

Adrenal Glands

The left adrenal gland is identified in its normal location. It is normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is (4.3) mm at the cranial pole and 5.6 mm at the caudal pole.

The right adrenal gland is not definitively identified, but the region appears normal with no masses or inflammation noted.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

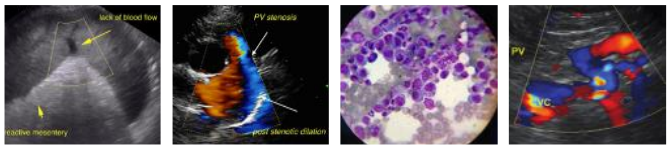
The liver is diffusely hyperechoic and subjectively enlarged. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis. There is a 1.6 cm x 1.5 cm isoechoic nodule in the cranial aspect of the liver.

The gallbladder is markedly distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is moderately full of normal ingesta. The gastric wall is 2.5 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures 3.3 mm. The jejunal wall measures up to 3.9 mm. Intestinal motility appears normal.



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The visible portions of the colon are of normal thickness, up to 1.8 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- A diffusely hyperechoic and subjectively enlarged liver. A 1.5 cm isoechoic liver nodule noted.

Secondary Findings

- Chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine needle aspirate of the liver nodule is recommended to differentiate a benign process, such as a regenerative nodule or hepatoma from a malignancy. Biopsy of the liver parenchyma elsewhere would be needed to determine the cause of the reactive changes and the markedly elevated liver enzymes. Bile acid testing is also recommended to determine whether liver function is being affected. Testing for Leptospirosis should be considered if the patient has the possibility of exposure. If a biopsy is not feasible, but empirical treatment for the possibility of cholangiohepatitis could be instituted using a combination of amoxicillin at 10-20 mg/kg BID and enrofloxacin at 5-10 mg/kg once daily. This can be used in combination with hepatoprotectants, which have already been started. Liver enzymes should be rechecked 7-10 days after starting this therapy to see whether there has been a clinical response.

The changes in the kidneys are consistent with chronic renal disease. Recommendations include:

- a CBC, chemistry panel, urinalysis, urine protein creatinine ratio and blood pressure measurement are recommended
- urine culture should also be considered, particularly if urine sediment is active
- dietary and supportive care recommendations can be made, based on the staging of the disease as outlined in the IRIS guidelines

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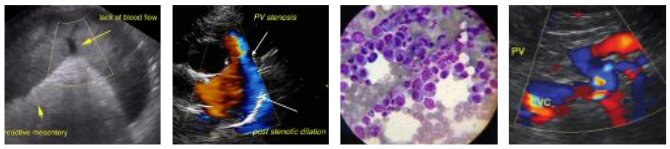

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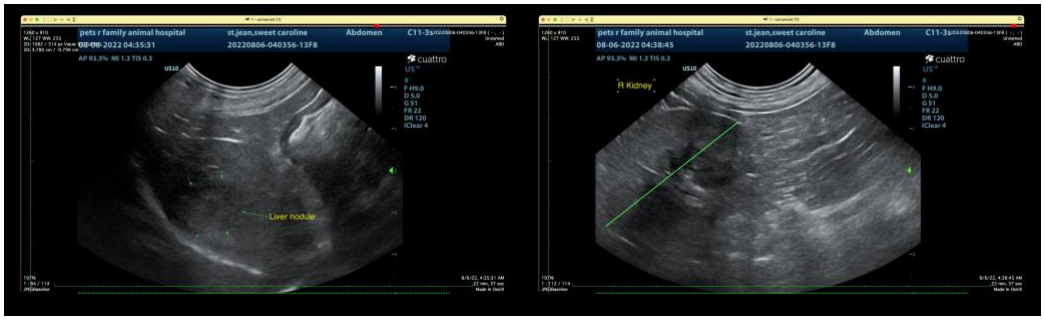

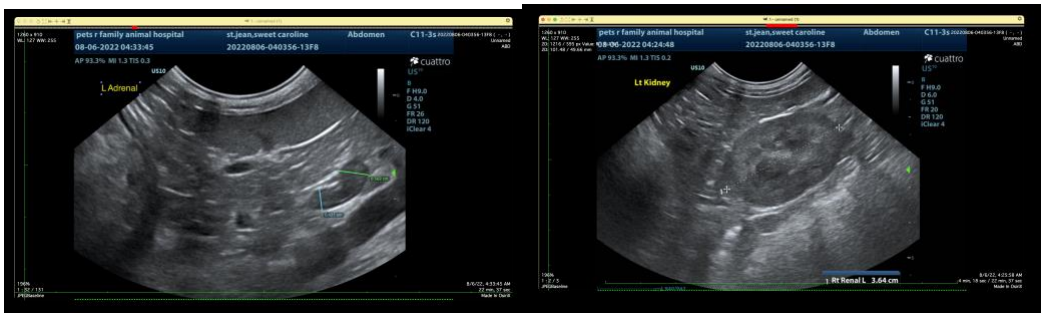

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com